

| UNITED STATES HOUSE OF REPRESENTATIVES 2018 FINANCIAL DISCLOSURE STATEMENT | | Form A For Use by Members, Officers, and Employees | LEGISLA | LEGISLATIVE RESOURCE CENTER 2019 MAY 15 PM 3: 55 |
|---|--|---|--|---|
| Paul A. Gosar D.D.S. | _ Daytime Telephone: | 202-225-2315 | OFF OFF HS HOUSE A \$200 penalty she Individual who file | Office Use Only) OFFICE OF THE CLERK OFFICE OF ACTION ATTVES A \$200 penalty shall be assessed against a individual who files more than 30 days late. |
| FILER Member of the U.S. State: AZ STATUS House of Representatives District: 04 | | Officer or Employing Office: | | Staff Filer Type: (If Applicable) Shared Principal Assistant |
| REPORT X 2018 Annual (Due: May 15, 2019) | Amendment | Termination Date of Termination: | nination: | |
| PRELIMINARY INFORMATION - ANSWER FACH OF THESE QUESTIONS | ESE QUESTIONS | | | |
| A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period? | Yes X No | F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? | irrangement with an he current calendar | Yes No X |
| ndent child purchase, sell, or real estate in a transaction period? | ** | G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period? | ild receive any ue from a single | No X |
| C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? | * | H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? | lid receive any staling more than eporting period? | Yes No |
| D. Did you, your spouse, or your dependent child have any reportable Nability (more than \$10,000) at any point during the reporting period? | ** X X X X X X X X X | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period? | nation to charity in article during the | No X |
| E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | No No | E CO | SCHEDULE IF | RRESPONDING SCHEDULE IF YOU ANSWER "YES |
| IPO AND EXCLUSION OF SPOUSE, DEPENDENT | DEPENDENT, OR TRUST INFORMATION - | RMATION - ANSWER EACH OF THESE | F THESE QU | QUESTIONS |
| IPO - Did you purchase any shares that were allocated as a part of an initial Public Offering during the reporting period? If you answered 'yes' to this question, please contact the Committee on Ethics for further guidance. | Public Offering during the rep | onting period? If you answered "yes" to this q | uestion, please | Y•• ☐ № X |
| TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? | Ittee on Ethics and certain oth indent child? | ver "excepted trusts" need not be disclosed. H | ave you excluded | Ves ☐ No 🔀 |
| EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or all three tests for exemption? Do not answer 'yes' unless you have first consulted with the Committee on Ethics. | red" income, transactions, or sulted with the Committee on | liabilities of a spouse or your dependent child because they meet Ethics. | because they meet | Y ■ No X |

SCHEDULE A - ASSETS & "UNEARNED INCOME"

| | | T | 与 | 1 | | - | · 景.零 | Die For | in deposit | Hyo | Exclude homes a income dinterset retiremen | D ST TO | Pod 4 | Sister Fort | 501 | ₹ 8 | ğ | 5 B | g g g | <u> </u> | | တ္ |
|----------|---------|----------|----------------------------------|---|--------------------------|------------------|------------------|--|--|---|---|---|---|--|---|--|--|--|--|--|------------------------------|---|
| | | | Ž. | Offic | | Examples | П | For a detailed discussion of Schedule A requirements please refer to the instruction booklet. | If you so choose, you may indicate that an esset or income acurce is that of your spouse (SP) or dependent child (DC), or jointly held with sayone (JT), in the optional column on the far left. | If you report a privately-tracted fund that is an Excepted investment Fund, please check the "Elf" box. | Exclude: Your personal residence, including second formes and vacation formes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. | For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. | For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. | For bank and other cash ecocurits, total the amount in all interest-bearing accounts. If the total is over \$5,000, its every financial institution where there is more then \$1,000 in interest-bearing accounts. | 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. | E 3 | Provide complete names of stocks and mutual funds. | that generated more than \$200 in "unearned" income during the year, | production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable easet or source of income | identify (a) each asset held for investment or | | <u> </u> |
| | | | M acc | e Buik | | * | | od die | child | Fund | Your p | t publi | and of | bearing raincle | that bo | A G | D. | year. | \$1,00 | 2 | | E |
| | | - 1 | Sto | ling: E | _ | _ | 8 | e instr | MC S | plea | erson tion has e repo incon in, inc | A series | her rea te edd dity an | g sco | Ade t | 9 | Dam | e e | appoint the Common of the Comm | 8 | ndio E | |
| | | | Aunt Maud's Store, Flagstaff, AZ | Office Building: E Ceder Ave, Flegsterf, AZ | ABC Hadge Fund | Simon & Schueler | Mage Corp. Stock | n of s | may in | a chec | though the de | The act | il prop | h ecc unts. uton v | 2 4 A | or net | Q. | 5 52 | and a | 9 | Assets and/or income Sources | |
| | | ľ | a a | Y Ave. | de Fi | Sch | 77. Se | book | your your tar left | X that | dence (unles eriod) rived the Ti | state vittes, | ony i | fithe the | report | remer | bocks | 90 5 | の日の | 8 | | Ī |
| | | | ネ | Flags | K. | 1 | * | 2 × 2 | spour spour | 一世 | from, | the price | tpton, | there is | ng th | D. | and a | Uneers | napo napo | X in | So | AS |
| | | | | ten. A | | | Ш | quiner | HINOUS (S | , E1 | was was a fi | geog geog | e.g., | a mon | Band. | ¥ (£ | bentur | ह स | A DES | 9 | TOE. | S |
| \vdash | ++ | \dashv | ┪ | Ñ | × | \vdash | 4 | nents. | 500 | perdex | rentsi ancia adera Plan | siness of the raphic | Tental Tental | 5,000, then |) ¥ § | 왕 | funds | emoce | value erlod. | ∄ ' R | | SI |
| | | | | | | | | None | | | | | | | > | | _ | 3 | | | | Qο |
| | | | | | | | | \$1-\$1,000 |) | | | | | | (10 | | T BAR | | adion r | ¥ 64 | | ׆ |
| j | | | | | | Indefinite | | \$1,001-\$1 | 5,000 | | | | | | ٥ | | you have no interest. | gener | metho: | E 0 | | |
| | | | | | | • | | \$15,001-8 | 50,000 | | | | ······································ | | ᄀ | | 7 | abod a | sold office | *** | | 🙎 |
| + | +-1 | + | | | | ┢ | × | \$50,001-1 | 100,000 | | | | | | | | 1 | COM | | 無無 | < | |
| | | 7 | | | | H | | \$100,001 | \$260,000 | | | | | | <u>-</u> | | 3 | | | close | | = |
| | 11 | | X | | × | | П | \$250,001 | \$500,000 | | | | | | 6 | | you have no interest. | because it generated income, the value should be "None." | valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only. | 9 | BLOCK B | SCHEDULE A – ASSETS & "UNEARNED INCOME" |
| | | Ī | | X | | | | 3500,001 | \$1,000,000 | | | | | | = | | 9 | hould | ing p | oge . | | Ş |
| | | | | | | | | \$1,000,00 | 71-85,000,000 | | | | | | _ | | 1 | 2 | of D | 3 | | i f |
| | | | | | | | | 85,000,00 | 1-825,000,000 | · · · · · · · · · · · · · · · · · · · | | | | | ٠ | | | 0 | end spe | period | | |
| | | | | | | | | \$25,000,0 | 01-\$50,000,000 | | | | | | | | 1 | 1 | | T # 4 | | |
| | | \perp | | | | L | | Over 980, | 000,000 | | | | | | 듸 | | | <u> </u> | ify the method | 5 | | İ |
| | 1 | _ | | | | <u> </u> | | | C Asset over \$1 | ,000,000 | | | | | Ĕ | | | • | | 2 | | |
| | 11 | 4 | 4 | | _ | Ļ | igspace | NONE | | | | | | | _ | | | | 529 | <u>Ω</u> | | Z |
| | + | \dashv | | | ļ | - | × | DIVIDEN | D8 | · | | | | | | | 9 | 7 | P COOL IN | 2 | | 1 18 |
| | + | - | _ | X | _ | - | - | NEIT | т | | | · · · - · · • • • • • • • • • • • • • • • • • | | | | | | 5 P | 1 1 C | | _ | Name: Paul A. Gosar |
| - | + | | - | | - | - | ╁ | CAPITAL | | | | | | | | | 3 | | 100 | 3 | Ž, " | |
| | +-+ | - | | | ┡ | ╀ | - | | ED/BUIND TRUS | 17 | | | | | _ | | ě | accor 2 | ey com | | of Inc | Þ |
| | + | | \dashv | | - | ╁ | + | TAX-DEF | | | | | · | | | | | | 2 × 6 | Š | Type of Income | စ္ခ |
| \bot | | _ | | | _ | L | | | | | | , | | | | | ì | Q | 9 | द् | \$ | Sa Sa |
| | | 1000 | Businee | | Parametrisp Processes | - dy | | | se of income e.g., Partnership | Income o | r Farm incorre) | | | | | | 1 | 700 | 2 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | LOCOL | | |
| | | Î | 8 | | 8 | • | | | | | | | | | | | 7 | 7 | od generate tax-deferred income (such as 401(k), IRA or m 529 accounts), you may check the "Tax-Deferred" or outurn, Dividends, interest, and capital gains, even D | 量 | | D.D.S. |
| | + + | ┪ | | | - | + | | Hama | | | ··· | | | | _ | | 5 d | 2 <u>8 4</u> E 0 | 3 4 S | g Zi | | l Is |
| | ╅┩ | \dashv | - | | ┢ | \vdash | + | \$1-\$200 | ·· | | | | | | | | *Column XII is for assets held in which you have no interest | pount mr on | egory Adem | 8 | | 1 |
| | 11 | 7 | | | | × | 1 | \$201-\$1,0 |)00 | | | ······································ | | | | ľ | ¥ ± ¥ | Ω | ¥ Q X | ğ | | |
| | 11 | 寸 | | | - | 1 | × | \$1,001-\$2 | 2,500 | | | | | | ₹ | | for a | SOCK 1 | No | \$ | | |
| 1 | †† | 7 | \dashv | | × | | | \$2,501-\$1 | ,000 | | | <u> </u> | | | < | | Seets : | None. | 2 4 8 | ğ | Amount of Income | ! |
| | †† | T | | | | T | T | \$5,001-\$1 | 15,000 | | | | | | \$ | | 1 D | I no | check. | heck | | |
| | 11 | 7 | X | X | | T | | \$15,001-1 | 90,000 | | | | | | 5 | | y you | moon | 200 | 7 | nt of in | |
| | 11 | ď | | | | | | \$50,001- | 100,000 | | • | | | | ≦. | | r spor | 1 | 1 2 3 | Š | <u> </u> | l — |
| | \prod | | | | Г | Γ | | \$100,001 | \$1,000,000 | | | | | | × | | Be Of | 887 | propri | реше | 2 | Page |
| | | | | | | | | \$1,000,00 | 1-\$5,000,000 | | | | | | × | | debe | od or | 100 | 5 | | N |
| | | | | | | | | Over \$5,0 | 00,000 | | | | | | × | | *Column XII is for assets held by your spouse or dependent child in which you have no interest. | must be discipled as income my assets read in disciple accounts. Check "None" if no income was semed or generated. | may check the None column. For all other assess indicate the category of income by checking the appropriate box below. Dividends, interset, and capital gains, even if reinvested. | 0 | | |
| | | \Box | | | | | | | C Asset with Inc | OTHE OVER | \$1,000,000* | | | | 菜 | | | Ž. | T OF | _ | |] <u> </u> |
| | | Ţ | | | | | theds | , p | | | | | | blank if no band that exo \$1,000. | Dio | an asset was sold, please indicate as | period. | exceeding \$1,000 | purchases (P), sales (S), or | indica | a . | ၂ (၁ |
| | | | | | | | | S (pag | | | | | | blank if there are no transactions that exceeded \$1,000. | 8 | e inck | | Dip | (8) | indicate if the | meact | |
| | | | | | | | | P, S, S(part), or E | | | | | | blank if there are no transactions that exceeded \$1,000. | 1 | and and | | 1.00 | Ţ. | 3 | Transaction | |
| | 1 1 | | _ | | <u> </u> | <u> </u> | <u>.</u> | M | | | | | *************************************** | | . " | 6 0. 5 | ` | 0 | | | 3 | J [|

| S |
|--------------|
| 오 |
| HEDULE |
| 2 |
| |
| |
| ī |
| × |
| <u>88</u> |
| A - ASSETS & |
| S |
| 20 |
| ⊆ |
| UNEA |
| ≥ |
| RE |
| = |
| OINCO |
| ົດ |
| 2 |
| m |
| 3 |
| |
| |
| |

Name: Paul A. Gosar D.D.S.

Page 3

of 9

| | | | | | | | | Г | | | | | | | Г | 5 <u>5</u> 5 | | |
|----------|----------|--|--------------|--------------|--|--|--|----------|----------|--------------|----------|----------|--|---|----------|--|--|--|
| • | | | | | | | | | | | | | | | | ASSET NAME | | BLOCK A Assets and/or income Sources |
| | | | | | | | | | - | | | | | | | | None > | |
| \dashv | | - | | | - | <u> </u> | \vdash | ╁ | - | | | | _ | - | - | | \$1-\$1,000 m | |
| _ | | _ | _ | - | - | - | - | ├ | <u> </u> | | | | <u> </u> | - | ₩ | | 84 ON 845 MO | |
| | | | | | L | | L | _ | L- | | | | | | | | \$1,001-\$15,000 | |
| | | | | | | | | 乚 | L | | Ш | | L. | | <u> </u> | | \$16,001-880,000 | |
| | | | | | L | | | L | L | | | | | | | | \$50,001-\$100,000 | & _ |
| | | | | | | <u>L</u> | L | <u> </u> | | | | | <u> </u> | | ļ | | \$100,001-\$250,000 | BLOCK B Value of Asset |
| | | | | | | | L | | L | | | | | | | | \$250,001-\$600,000 G | ¥ S |
| | | | | | | <u> </u> | | | <u>L</u> | <u> </u> | | | | $oxed{oldsymbol{ol}}}}}}}}}}}}}}$ | | | \$500,001-81,000,000 ± | 1 B |
| | | | | | | | | | | | | | | | | | \$1,000,001-\$5,000,000 | |
| | | | | | | | | | | | | | | L | <u> </u> | | \$6,000,001-425,000,000 | |
| | | [| | | | | | | | } | | | | | | | \$25,000,001-\$50,000,000 | |
| | | | | | | | | | | | | | | | | | Over \$80,000,000 | |
| | | | | | | | | | | | | | | | | | SpousefDC Asset over \$1,000,000* | |
| | | | | | | П | | | | | | | | Ī | | | HONE . | |
| | | _ | | | | | Π | | Π | | | | Г | | | | DIVIDENDS | |
| | | t- | | | | 1 | | 1 | 1 | | <u> </u> | | | | | | RENT | |
| | | ┪ | | | | 1 | 1 | 1 | | | | | | 1 | | 1 | INTEREST | ₹ |
| | | | | \vdash | T | t | 1 | T | 1 | | | Г | | ┢ | | | CAPITAL GAMS | 2 E |
| | - | - | | | | 1 | 1 | 1 | 1 | f^- | | | | 1 | 1 | | EXCEPTED/BUND TRUST | e of inco |
| | \vdash | - | | | ┢ | † | 十 | T | T | 1 | 一 | _ | | | T | | TAX-DEFERRED | BLOCK C Type of Income |
| | | | | | | | | | | | | | | | | | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | • |
| | | Γ | | | | Π | | | Π | | | | | Γ | | | None _ | |
| | | | | | | | | | | | | | | Π | | | \$1-\$200 == | |
| | | | | | | Π | Γ | | Γ | Π | | | | Π | | | \$201-\$1,000 | |
| | | | | | | | | | | | | | | Π | | | \$1,001-\$2,500 ? | |
| | | | | | | | | | | | | | | Γ | | | \$2,501-85,000 < | a de la composição de l |
| | | _ | | | | \vdash | | 1 | | | | | - | T | - | | \$5,001-\$15,000 ≤ | in BL |
| | \vdash | | | | | 1 | 1 | T | 1 | T | | <u> </u> | | 1 | 1 | 1 | \$15,001-\$60,000 | BLOCK D Amount of Income |
| _ | | - | | \vdash | <u> </u> | † | | 1 | 十 | T | T | | | T | 1 | t | \$60,001-\$100,000 <u>≤</u> | <u> </u> |
| | - | - | | | \vdash | \vdash | \vdash | 1 | - | | t | | | t | + | 1 | = \$100,001-\$1,000,000 g | 3 |
| | \vdash | - | \vdash | \vdash | | | + | † | +- | † | - | | - | 1 | \vdash | 1 | \$1,000,001-85,000,000 × | |
| | - | ├ | - | | - | †- | + | +- | \vdash | \vdash | - | | | + | + | 1 | Owr \$5,000,000 🔀 | |
| _ | H | - | | - | - | \vdash | \vdash | \vdash | \vdash | 一 | - | \vdash | - | \vdash | +- | | Spouse/DC Asset with Income over \$1,000,000° | |
| | | _ | - | - | - | - | - | + | - | + | - | - | _ | \vdash | ┼ | | | |
| | | | | | | | | | | | | | | | | | P. S. S(Part), or E | Transaction |

SCHEDULE B - TRANSACTIONS

Name: Paul A. Gosar D.D.S. Page 4 l 약 9

| Report an reporting dependent |
|--|
| Report any purchase, sele, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income, include transactions that |
| sale, or ex y security o |
| change tra or real prop |
| insections i enty held b ton of incor |
| that excee by you, you me, includ- |
| ded \$1,000 ir apouse, transactio |
|) in the or your |
| Ŋ, |
| pe of Tr |
| Type of Transaction |
| - Po |
| eded |
| Date |
| \$ |
| |
| <u>, </u> |
| <u>, </u> |
| |
| - R |
| |
| ction |
| - |
| |
| |
| |

SCHE

| List the source, type, and amount of earned knome from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below. | SCHEDULE C - EARNED INCOME Name |
|--|----------------------------------|
| ent by the U.S. government) totaling \$200 or more during the | Name: Paul A. Gosar D.D.S. |
| e reporting period. For a spouse, list | Page 5 of 9 |

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

| INCOME LIMITS and PROHIBITED INCOME: The 2019 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited. | d at or above the "senior staff rate was relationship) are totally prohibited. | \$28,050. The 2019 limit is \$28,440. |
|---|--|---------------------------------------|
| Source (include date of receipt for honoraria) | Туре | Amount |
| X'eene State | Approved Teaching Fee | \$6,000 |
| Examples: State of Manyland State of Manyland State of Manyland (Cd. 2) County Road of Education | Spouse Speech Spouse Salary | \$1,000 N/A |
| | | , |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

SCHEDULE D - LIABILITIES

Name: Paul A. Gosar D.D.S

Page 6 of 9

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period, you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and ilabilities owed to you by a spouse or the child, perent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held safely by your spouse or dependent child.

| \$10,000. | Column v is for laborates freig scient by your spouse or dependent client. | n abouse of deb | ACOTA CIRC. | | | | - | | | | Amount of Liab | Amount of Liability | Amount of Liability | Amount of Liability |
|---------------|--|--|--|--------------------|---------|--------------------|-------------------------------|--------------------|---------------------------------|--|--|--|---|---|
| SP, DC, JT | Creditor | Date Liability Incurred MO/YR | Type of Liability | ,001- ,000 > | .001- | ,000 | ,001- | ,001- | 0,001- 0,000 S | 0,001- 0,000 S | 0,001- 0,000 P 0,001- 0,000 P 0,001- | 0,001- 0,000 © 0,001- 0,000 m 0,001- 0,000- 000,001- | 0,001- 0,000 | 0,001- 0,000 P 0,001- 0,000 P 0,001- 0,000- 0,001- 000,000 P 0,000,000 P 0,000,000 P |
| | Exemple First Bank of Wilmington, DE | 5/16 | Mortgage on Rental Property, Dover, DE | \$10,00 \$15,00 | \$4E 0/ | \$15,00 \$50,00 | \$50,00 \$50,00 \$100,0 | \$50,00 \$100,0 | \$50,00 \$100,0 × \$100,0 | \$50,00 \$100,0 \$100,0 \$250,0 \$250,0 \$500,0 | \$50,00 \$100,0 \$100,0 \$250,0 \$500,0 \$1,000 | \$50,00 \$100,0 \$100,0 \$250,0 \$250,0 \$500,0 \$1,000 \$5,000 | \$50,00 \$100,0 \$100,0 \$250,0 \$250,0 \$500,0 \$1,000 \$5,000 \$5,000 \$25,000 | \$50,00 \$100,0 \$100,0 \$250,0 \$250,0 \$500,0 \$1,000 \$5,000 \$5,000 \$25,00 \$25,00 |
| L | Compass Bank, Flagstaff, AZ | 11/03 | Mortgage on Residence | | | | | | × | × | × | X | × | X |
| 듸 | Wells Fargo Bank | 06/95 | Mortgage on Office Bld (E ceadar) | | | | × | × | × | × | X | × | × | × |
| | | | | | ł | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Ī | | | | | | | | | | | | | | |

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude:

Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

| Position | Position Name of Organization |
|----------|-------------------------------|
| | |
| | |
| | |

SCHEDULE F - AGREEMENTS

Name: Paul A. Gosar D.D.S 9

| Terms of Agreement | ate Parties to Agreement | Date |
|---|---|--|
| have with respect to: future employment; a leave of absence during the period of government service; jovernment; or continuing participation in an employee welfare or benefit plan maintained by a former | identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employer. | identify th continuation of the continuation o |

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

| | Source | Description | Value |
|----------|---------------------------------|---|-------|
| Example: | Mr. Joseph Smith, Arlington, VA | Silver Platter (prior determination of personal friendship received from the Committee on Ethics) | \$400 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Paul A. Gosar D.D.S. Page 8 of 9

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and relimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

| the filer. | | | | | | |
|------------|---|-------------------|--|-------------------|----------------|----------------------------------|
| | \$ource | Date(s) | City of Departure-Destination-City of Return | Lodging? (Y/N) | Food? (Y/N) | Family Member Included? (Y/N) |
| | Government of China (MECEA) | Aug. 8-11 | DC-Baijng, Othra-DC | ۲ | ۲ | N |
| Examples | Habital for Humanity (charity functuleer) | May, 3-4 | DC-Booker-DC | Υ | Υ | ۲ |
| The He | The Heritage Foundation | 02/08/18-02/09/18 | DC - Philadelphia, PA - DC | Υ | Υ | Z |
| Middle | Middle East Forum | 07/13/18-07/16/18 | DC - London, England - DC | Υ | Υ | Z |
| | | | | | | |
| | | | | | | |
| | | | | - | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | : | | |
| | | | | | | |

SCHEDULE I -- PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. Examples: Association of American Associations, Washington, DC XYZ Magazine Source Name: Paul A. Gosar D.D.S. Activity Speech Article Feb, 2, 2018 Aug. 13, 2018 Date Page 9 Amount ેલું 9 \$2,000 \$500